STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

JUL 27 2017

I. Name of Lobbyist(s) Michael P. Donnelly			JE J HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnership	o, firm or corporation, if :	any:	
Home School Legal Defer	nse Association (HSI	_DA)	
(Name of partnersh	ip, firm or corporation)		
P.O. Box 3000	Purcellville (Town/City)	e VA	20132_
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() <u>540-338-5600</u> (Telephone)	()	e-mail mike@	hslda.org
(Telephone)	(Fax	()	
III. This statement covers: (Choo reportable expense transactions v			may file a separate report for
☐ All reportable transactions occur ☐	rring in the months prior to	the reporting date relative to	o the following client:
Home School Legal De	fense Association (F	ISLDA)	
(Full Name o	f Client as it appears on the L	obbyist Registration Form)	
☐ All reportable transactions by th unrelated to any particular client. IV. Date of Report April 26, 2		bbyist's family), or the lobby July 26, 2017	ring firm listed below which are
•	f registration to 3/31/17	activity from 4/1/17 to 6/30	_
October 25 activity from 7	i, 2017 🗌 /1/17 to 9/30/17	January 31, 2018 [activity from 10/1/17 to 12	
V. There have been no fees rec If this box is checked, complete just Concord, NH 03301.			
VI. Check if additional reports ar	e attached:		
☐ If you have received fees or ma	de expenditures, you must	file Addendum A – Fees and	l Expenses
☐ If you have paid an honorarium Expense Reimbursement	or reimbursed expenses, y	ou must file Addendum B —	Report of Honorariums or
☐ If you, your firm, or your famil	y has made political contrib	outions, you must file Adden	dum C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my know (Signature of lobbyjat) Michael P. Donnelly	A 14-C and RSA 664 and I	nereby swear or affirm that the	
(Print Name of lobbyist)			